

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
*09/347311*

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		3				
5		3				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25	1					
26		1				
27		2				
28		2				
29		2				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38	1					
39	1					
40	1					
41		3				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53	1					
54	1					
55	1					
56	1					
57	1					
58	1					
59	1					
60	1					
61	1					
62	1					
63	3					
64	3					
65	3					
66	3					
67	1					
68	1					
69	0					
70	0					
71	5					
72	5					
73	1					
74	1					
75	0					
76	0					
77	1					
78	1					
79	1					
80	1					
81	1					
82	0					
83	1					
84	0					
85	1					
86	1					
87	1					
88	1					
89	1					
90	1					
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	14					
TOTAL DEP.	101					
TOTAL CLAIMS	115					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS